

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF GEORGIA		PROOF OF CLAIM
Name of Debtor: <b>Hutcheson Medical Center, Inc.</b>		Case Number: <b>14-42863-pwb</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or entity to whom the debtor owes money or property): <b>Specialty Networks, LLC</b>		<b>COURT USE ONLY</b>
Name and addresses where notices should be sent:  <b>Specialty Networks, LLC Attention: Dr. Jim Busch, M.D. 1949 Gunbarrel Rd. Suite 170 Chattanooga, TN 37421</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____
Telephone number: (423) 424-3824      email:		
Name and addresses where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number:                                      Email:		
1. Amount of Claim as of Date Case Filed: <b><u>\$133,920.31</u></b>		
If all or part of your claim is secured, complete item 4.		
If all or part of your claim is entitled to priority, complete item 5.		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis For Claim: <u>Services Provided</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  ----- (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if your claim is secured by a lien on property or a right of setoff, attached required documents, and provide the requested information.		Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507(a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		

16542 02/0501/GAF-2193751 1



7. Documents: Attach are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements. If the claim is secured, box 4 has been completed and redacted copies of documents providing evidence of perfection of a security interest. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

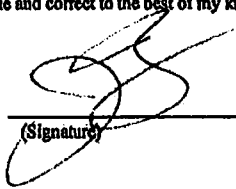
8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor.       I am the creditor's authorized agent.       I am the trustee, or the debtor,       I am a guarantor, surety, indorser, or other codebtor.  
(Attach copy of power of attorney, if any.)      (See Bankruptcy Rule 3004.)      (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Dr. Jim Busch, M.D.  
Title: President  
Company: Specialty Networks, LLC  
Address and telephone number (if different from notice address above.):  
1949 Gunbarrel Rd.  
Suite 170  
Chattanooga, TN 37421  
Telephone number: 423-424-3824 email:

 (Signature)  
4/13/15 (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**In Re:**

**Hutcheson Medical Center, Inc.**

**Case No. 14-42863-pwb  
Chapter 11**

**Debtor.**

**CREDITOR: SPECIALTY NETWORKS, LLC**

**SUMMARY OF CLAIM**

**TOTAL OF CLAIM.....\$133,920.31**

<b><u>Invoice Date:</u></b>	<b><u>Invoice Amt.:</u></b>
June 2014	\$ 31,154.17
July 2014	21,595.55
August 2014	21,533.08
September 2014	21,911.75
October 2014	21,812.30
November 2014	14,331.59
Plus Interest:	<u>\$ 1,581.87</u>
<b>Total Due</b>	<b>\$133,920.31</b>

**Documents**

**Attached:**

- Invoice – dated July 31, 2014 (1 pg.)
- Invoice – dated August 8, 2014 (1 pg.)
- Invoice – dated September 16, 2014 (1 pg.)
- Invoice – dated October 13, 2014 (1 pg.)
- Invoice – dated November 20, 2014 (1 pg.)
- Invoice – dated December 4, 2014 (1 pg.)

**EXHIBIT A  
TO  
PROOF OF CLAIM**

**SPECIALTY NETWORKS**

8869 SHALLOWFORD ROAD  
 SUITE 875  
 Chattanooga, TN 37421

Voice: 423-424-3824  
 Fax: 423-894-8025

**INVOICE**

Invoice Number: 2408  
 Invoice Date: Jul 31, 2014  
 Page: 1  
 Duplicate

**Bill To:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

**Ship To:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

Customer Ref:	Invoice Ref:	Payment Terms
HMC		Net Due
Sales Rep:	Courier	Due Date
		8/29/14

Quantity	Description	Unit Price	Amount
1.00	HMC-Adm	Hutcheson June '14 Admin Fees	4,188.67
1.00	HMC-NW	Hutcheson June '14 Network Fees	21,000.00
2,183.00	HMC-T8	Hutcheson June '14 Transcription Fees	1.50
1.00	HMC-W8	Hutcheson June '14 Workstation Fees	2,788.00

<b>Subtotal</b>	<b>31,154.17</b>
<b>Sales Tax</b>	
<b>Total Invoice Amount</b>	<b>31,154.17</b>
<b>Payment/Credit Applied</b>	
	<b>31,154.17</b>

Check/Credit Memo No:

**SPECIALTY NETWORKS**  
 5959 SHALLOWFORD ROAD  
 SUITE 375  
 Chattanooga, TN 37421

Voices: 423-424-3824  
 Fax: 423-894-9025

**Invoice**  
 Invoice Number: 2429  
 Invoice Date: Aug 8, 2014  
 Page: 1

**Sold To:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

**Ship to:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

Customer ID		Customer PO	Payment Terms	
HMC			Net Due	
Sales Rep ID		Shipping Method	Ship Date	Due Date
		Courier		9/8/14
Quantity	Item	Description	Unit Price	Extension
1.00	HMC-Adm	Hutcheson July '14 PACS Admin Fees	4,250.00	4,250.00
1.00	HMC-NW	Hutcheson July '14 General Imaging Network Services	11,750.00	11,750.00
	HMC-WS	Hutcheson July '14 Network Workstation Fees	2,788.00	2,788.00
2,202.00	HMC-TS	Hutcheson July '14 Transcription Fees	1.28	2,807.55

ENTERED AUG 27 2014

	Subtotal	21,595.55
	Sales Tax	
	Total Invoice Amount	21,595.55
Check/Credit Memo No:	Payment/Credit Applied	
	<b>TOTAL</b>	<b>21,595.55</b>

**SPECIALTY NETWORKS**

5959 SHALLOWFORD ROAD  
 SUITE 675  
 Chattanooga, TN 37421

Voice: 423-424-3824  
 Fax: 423-894-9025

**INVOICE**

Invoice Number: 2435  
 Invoice Date: Sep 16, 2014  
 Page: 1

*Duplicate*

**Bill To:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

**Bill From:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

Customer ID	Customer Name	Payment Terms	Net Due	Due Date
HMC	Hutcheson Medical Center	US Mail		10/2/14

Quantity	Unit	Description	Unit Price	Amount
1.00	HMC-Adm	Hutcheson August 2014 PACS Administration Fees	4,250.00	4,250.00
1.00	HMC-NW	Hutcheson August 2014 General Imaging Network Fees	11,750.00	11,750.00
2,163.00	HMC-TS	Hutcheson August 2014 Transcription Fees	1.28	2,746.08
2.00	HMC-WS	Hutcheson August 2014 Network Workstation Fees	875.00	1,360.00
1.00	HMC-WS	Hutcheson August 2014 Diagnostic Review WS-Basic	220.00	220.00
1.00	HMC-WS	Hutcheson August 2014 Diagnostic Review WS-SM/CD/Print Workstation	368.00	368.00
1.00	HMC-WS	Hutcheson August 2014 Diagnostic Review WS-SM/CD Workstation	308.00	308.00
1.00	HMC-WS	Hutcheson August 2014 Diagnostic Review WS-SM/Mon Workstation	308.00	308.00
1.00	HMC-WS	Hutcheson August 2014 Diagnostic Review WM-Advanced Workstation	250.00	250.00
<b>Subtotal</b>				<b>21,533.08</b>
<b>Sales Tax</b>				
<b>Total Invoice Amount</b>				<b>21,533.08</b>
<b>Payment/Credit Applied</b>				
				<b>21,533.08</b>

Check/Credit Memo No:

**SPECIALTY NETWORKS**

5959 SHALLOWFORD ROAD  
 SUITE 676  
 Chattanooga, TN 37421

Voice: 423-424-3824  
 Fax: 423-894-9026

**INVOICE**

Invoice Number: 2441  
 Invoice Date: Oct 13, 2014  
 Page: 1

Mailed 10/13/14

<b>Bill To:</b>
Hutcheson Medical Center 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

<b>Ship To:</b>
Hutcheson Medical Center 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

<b>Customer ID:</b>	<b>Customer PO:</b>	<b>Payment Terms</b>	
HMC		Net Due	
<b>Sales Rep ID:</b>	<b>Shipping Method:</b>	<b>Ship Date:</b>	<b>Due Date:</b>
	Courier		10/28/14

Quantity	Ref	Description	Unit Price	Amount
1.00	HMC-Adm	Hutcheson September 2014 PACS Administration Fees	4,250.00	4,250.00
1.00	HMC-NW	Hutcheson September 2014 General Imaging Network Fees	11,750.00	11,750.00
2,450.00	HMC-TS	Hutcheson September 2014 Transcription Fees	1.28	3,123.76
2.00	HMC-WS	Hutcheson September 2014 Network Workstation Fees	675.00	1,350.00
1.00	HMC-WS	Hutcheson September 2014 Diagnostic Review WS-Basic	220.00	220.00
1.00	HMC-WS	Hutcheson September 2014 Diagnostic Review WS-SM/CD/Print Workstation	366.00	366.00
1.00	HMC-WS	Hutcheson September 2014 Diagnostic Review WS-SM/CD Workstation	308.00	308.00
1.00	HMC-WS	Hutcheson September 2014 Diagnostic Review WS-SM/Mon Workstation	308.00	308.00
1.00	HMC-WS	Hutcheson September 2014 Diagnostic Review WM-Advanced Workstation	250.00	250.00

<b>Subtotal</b>	<b>21,911.76</b>
<b>Sales Tax</b>	
<b>Total Invoice Amount</b>	<b>21,911.76</b>
<b>Payment/Credit Applied</b>	
<b>TOTAL</b>	<b>21,911.76</b>

Check/Credit Memo No:

**SPECIALTY NETWORKS**  
 5959 SHALLOWFORD ROAD  
 SUITE 575  
 Chattanooga, TN 37421

Voice: 423-424-3824  
 Fax: 423-894-9025

**Invoice**

Invoice Number:  
 2460

Invoice Date:  
 Nov 20, 2014

Page:  
 1

**Sold To:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

**Ship to:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

Customer ID	Customer PO	Payment Terms		
HMC		Net Due		
Sales Rep ID	Shipping Method	Ship Date	Due Date	
	Courier		12/6/14	
Quantity	Item	Description	Unit Price	Extension
1.00	HMC-Adm	Hutcheson October 2014 PACS Administration Fees	4,250.00	4,250.00
1.00	HMC-NW	Hutcheson October 2014 General Imaging Network Fees	11,750.00	11,750.00
2,372.00	HMC-TS	Hutcheson October 2014 Transcription Fees	1.28	3,024.30
2.00	HMC-WS	Hutcheson October 2014 Network Workstation Fees	675.00	1,350.00
1.00	HMC-WS	Hutcheson October 2014 Diagnostic Review WS-Basic	220.00	220.00
1.00	HMC-WS	Hutcheson October 2014 Diagnostic Review WS-SM/CD/Print Workstation	356.00	356.00
1.00	HMC-WS	Hutcheson October 2014 Diagnostic Review WS-SM/CD Workstation	306.00	306.00
1.00	HMC-WS	Hutcheson October 2014 Diagnostic Review WS-SM/Non Workstation	306.00	306.00
1.00	HMC-WS	Hutcheson October 2014 Diagnostic Review WM-Advanced Workstation	250.00	250.00

	Subtotal	21,812.30
	Sales Tax	
	Total Invoice Amount	21,812.30
Check/Credit Memo No:	Payment/Credit Applied	
	<b>TOTAL</b>	<b>21,812.30</b>



**SPECIALTY NETWORKS**  
 5959 SHALLOWFORD ROAD  
 SUITE 575  
 Chattanooga, TN 37421

# INVOICE

Invoice Number: 2470  
 Invoice Date: Dec 4, 2014  
 Page: 1

Voice: 423-424-3824  
 Fax: 423-894-9025

**Bill To:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

**Ship to:**  
 Hutcheson Medical Center  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

Customer ID	Customer PO	Payment Terms	Net Due	
HMC				
Sales Rep ID	Shipping Method	Ship Date	Due Date	
	Courier		12/18/14	
Quantity	Item	Description	Unit Price	Amount
1.00	HMC-Adm	Hutcheson November 2014 PACS Administration	4,280.00	4,280.00
1.00	HMC-NW	Hutcheson November 2014 General Imaging Network Fees	11,750.00	11,750.00
2,125.00	HMC-TS	Hutcheson November 2014 Transcription Fees	1.28	2,709.38
2.00	HMC-WS	Hutcheson November 2014 Network Workstation	675.00	1,350.00
1.00	HMC-WS	Hutcheson November 2014 Diagnostic Review Workstation-Basic	220.00	220.00
1.00	HMC-WS	Hutcheson November 2014 Diagnostic Review Workstation-SM/CD/Print	358.00	358.00
1.00	HMC-WS	Hutcheson November 2014 Diagnostic Review Workstation-SM/CD	308.00	308.00
1.00	HMC-WS	Hutcheson November 2014 Diagnostic Review Workstation-SM/Mon	308.00	308.00
1.00	HMC-WS	Hutcheson November 2014 Diagnostic Review WM-Advanced	250.00	250.00

Subtotal	21,487.38
Sales Tax	
Total Invoice Amount	21,487.38
Payment/Credit Applied	
<b>TOTAL</b>	<b>21,487.38</b>

Check/Credit Memo No:

# Northern District of Georgia Claims Register

14-42863-pwb Hutcheson Medical Center, Inc.

**Judge:** Paul W. Bonapfel      **Chapter:** 11  
**Office:** Rome                      **Last Date to file claims:** 05/01/2015  
**Trustee:**                              **Last Date to file (Govt):**

<b>Creditor:</b> (18964889) Specialty Networks, LLC Attention: Dr. Jim Busch, M.D. 1949 Gunbarrel Rd. Suite 170 Chattanooga, TN 37421	<b>Claim No:</b> 156 <i>Original Filed</i> Date: 04/15/2015 <i>Original Entered</i> Date: 04/15/2015	<b>Status:</b> <i>Filed by:</i> CR <i>Entered by:</i> Bruce C. Bailey <i>Modified:</i>
<b>Amount claimed:</b> \$133920.31		

<b>History:</b>		
<b>Details</b>	156	04/15/2015 Claim #156 filed by Specialty Networks, LLC. Amount claimed: \$133920.31 (Bailey, Bruce)
	1	
<b>Description:</b>		
<b>Remarks:</b>		

## Claims Register Summary

**Case Name:** Hutcheson Medical Center, Inc.  
**Case Number:** 14-42863-pwb  
**Chapter:** 11  
**Date Filed:** 11/20/2014  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$133920.31
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		